

# STATE MEDICAL ASSOCIATIONS

## CALIFORNIA MEDICAL ASSOCIATION\*

JOSEPH M. KING.....President  
GEORGE G. REINLE.....President-Elect  
EMMA W. POPE.....Secretary-Treasurer

### OFFICIAL NOTICES

**Meeting of the Council.**—The fall meeting of the Council of the California Medical Association will be held in Los Angeles, September 24, 1932, at the California Club, 538 South Flower Street.

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**Extension Lecture Service.**—Each year in the September issue of CALIFORNIA AND WESTERN MEDICINE is printed an invitation to members of the California Medical Association to submit subjects for the Extension Lecture program.

It must be understood that those who enroll for this gratuitous service many times receive calls at inopportune moments, but that the service in some way compensates is evidenced by the infrequency of the requests for release.

Interest in county society meetings is stimulated by having one paper on the program by an outside speaker. Some county societies regularly secure speakers from the Extension program.

Will any member who has a subject of medical interest to members and who is willing to go on call to the various county medical societies of the state, furnish before the 20th of September his name and the titles of not more than three addresses. Address, the California State Medical Association, 2004 Four Fifty Sutter Building, 450 Sutter Street, San Francisco.

## COMPONENT COUNTY MEDICAL SOCIETIES

### ORANGE COUNTY

On Thursday, August 18, a special meeting of the Orange County Medical Association was held in the chapel of the County Hospital. The society was honored by the presence of Dr. Joseph M. King, president of the California State Medical Association, who gave an address on *Medical Economics*, which was of great interest to every member present. Doctor King strongly urged a closer relationship between the county society and its respective local and state officials. He explained in detail some of the problems which confront county hospitals that care for "part pay" patients. Doctor King reminded us that almost 50 per cent of the hospital patients in the state are cared for in institutions financed by the taxpayer.

Dr. Fred Clarke, president of the Long Beach Academy of Medicine and also president of the Southern California Medical Society, spoke on *Factors Responsible for the Change in Public Sentiment Toward the Present Methods of Medical Care*. Doctor Clarke has made a thorough study of this question and much valuable information was gained from this talk.

Forty-five members were present at this meeting, and among the guests were some of Orange County's supervisors and political candidates then in the field for election.

\* For a complete list of general officers, of standing committees, of section officers, and of executive officers of the component county societies, see index reference on the front cover, under Miscellaneous.

There being no regular business transacted, after a unanimous vote of thanks and appreciation had been extended to Doctor King and Doctor Clarke, the meeting was adjourned.

HARRY G. HUFFMAN, *Secretary*.

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### VENTURA COUNTY

The August meeting of the Ventura County Medical Society was held on the 9th at the Clinic building, Ventura County Hospital, Dr. Sterling Clark presiding. Members present were: Doctors Sterling Clark, Illick, Felberbaum, Armitstead, Charles Smolt, Mosher, Foscett, King, Shore, and Strong.

Communications were read. It was decided to request a symposium on the gastro-intestinal tract by the Cancer Commission for the October meeting.

Doctor Foscett's professional card for the telephone directory was approved.

Discussion was had of the medical advertising plan sponsored by the *Ventura Free Press*.

The meeting closed after a discussion of the new fees for x-rays paid by insurance companies in industrial cases. It was felt that the new fees were unfair to men in the smaller communities, where no great volume of work is done.

Doctor Illick was appointed program chairman for the September meeting.

ARTEMAS J. STRONG, *Secretary*.

## CHANGES IN MEMBERSHIP

### New Members (16)

*Alameda County*—John Wadsworth Robertson, Jr.

*Los Angeles County*—Ralph Bonner Eusden, Lowell Reed Hill, Osmonde Woodfall Janes, Louis Aloysius Mangan, Carroll Alonzo McCoy, William M. Pearce, Saul Silas Robinson, Gerald True Sprague, Theodore Alfred Strang, John A. Wahlen, Ernest Paul Wheeler.

*San Bernardino County*—Albert Daniel Neubert.

*San Diego County*—Linues Emanuel Adams, Lewis H. Fairchild, George Lester Kilgore.

### Transfers (2)

Frank E. Blaisdell, Jr., from Santa Barbara to Santa Cruz County.

Ralph E. Swarts from San Francisco to San Mateo County.

## In Memoriam

**Arthur, Edgar Allen.** Died in Stockton, July 12, 1932, age 69 years. Graduate of University of California Medical School, San Francisco, 1901. Licensed in California, 1901. Doctor Arthur was a member of the San Joaquin County Medical Society, the California Medical Association, and the American Medical Association.

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**Crandall, Henry Floyd.** Died in Oceanside, July 16, 1932, age 58 years. Graduate of St. Louis College of Physicians and Surgeons, Missouri, 1908. Licensed in California, 1919. Doctor Crandall was a member of

the San Diego County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



**Durand, Charles Joseph.** Died in Sacramento, July 7, 1932, age 46 years. Graduate of Laval University Faculty of Medicine, Quebec, 1911. Licensed in California, 1917. Doctor Durand was a member of the Placer County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



**McKillop, John Edwin.** Died in Santa Monica, July 25, 1932, age 48 years. Graduate of University of California Medical School, San Francisco, 1911. Licensed in California, 1912. Doctor McKillop was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

## OBITUARIES



**Agnes Walker**

1873-1932

Agnes Walker, M. D., was born in Scotland and came to California as a child. She was educated in San Rafael by Miss Murison and entered Cooper Medical College in 1891. She graduated in 1893, interned at the Children's Hospital, and at once showed her preference for laboratory work.

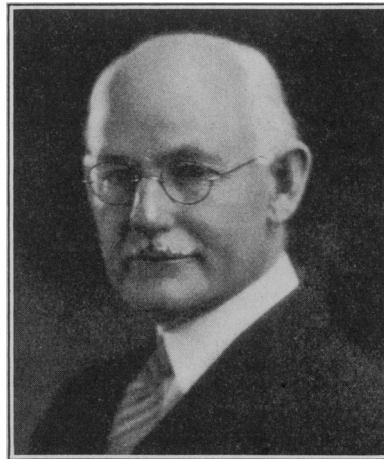
Doctor Walker worked at the quarantine station on Angel Island and came to know Doctor Kinyoun very well. When he resigned to be director of Mulford's laboratories in Pennsylvania, Doctor Walker was asked to come on to work there. She returned to San Francisco after the fire and was city bacteriologist and director of the laboratories of the Board of Health of San Francisco through her working years. She was loaned to Los Angeles to establish a plague laboratory for the detection of diseased rats in its outbreak of plague in 1925.

After her return from a leave of absence, she resigned as director of the city laboratory but retained her work as city bacteriologist until her final resignation in 1930.

In a long life of service to scientific diagnosis and public health, Dr. Agnes Walker presented to life a gallant front, dignified and supported by the highest standards of severe rectitude. She was keen and capable in her work and a loyal friend.

To those who cared for her through her last sickness, her gentleness and courage will always be comforting memories.

ADELAIDE BROWN, M. D.



**Charles D. Lockwood**

1868-1932

Lieutenant Colonel Charles D. Lockwood died on June 11, 1932, at his home, 295 Markham Place, Pasadena, after a brief illness.

He was born in Effingham, Illinois, January 22, 1868. He received his A. B. degree in 1893, his M. D. degree in 1896 from Northwestern University, and he interned in the Chicago Lying-In and Cook County hospitals the following year.

Doctor Lockwood married Clara M. Sanford of Platteville, Wisconsin, on September 5, 1898.

He was assistant instructor in surgery in Northwestern University Medical School from 1897 to 1899, and alternate member of the California State Board of Medical Examiners from 1901 to 1902, and professor of surgery, College of Dentistry, University of Southern California in 1902. In 1906 he took postgraduate work in the University of Vienna. Doctor Lockwood held the positions of consulting surgeon to the Los Angeles County Hospital and attending surgeon to the Pasadena Hospital from 1912 to the time of his death.

During the world war, Doctor Lockwood organized the Red Cross Ambulance Company No. 1, 1916-1917. He was major of the Marine Corps, U. S. A., in France from December, 1917, to January, 1919, and was for five months at the western front. He was a Fellow of the American College of Surgeons and of the American Medical Association and Western Surgical Association, a member of the Pacific Coast Surgical and of the American Society of Thoracic Surgical Associations.

The passing of Doctor Lockwood is a great loss to Pasadena. His activities were manifold. He was interested in civic affairs, always a leader for the best in government; but his chief interest was leadership in medicine and surgery in Pasadena.

Medically, he was affiliated with the Olive View Sanatorium, the La Vina Sanatorium and the Pasadena Dispensary. In all his affiliations Doctor Lockwood stood for the best in medicine and surgery.

For over thirty years he was active on the surgical staff of the Pasadena Hospital, chairman of the building committee, always a protagonist and a teacher in the Pasadena Training School for Nurses and for many years he had maintained the Lockwood Scholarship for Nurses. So great was his interest in the training of nurses that he had just completed a textbook on Surgical Technique which is a worthy monument to his memory.

J. M. WILSON, M. D.,  
Pasadena.

**Charles Joseph Durand**  
1886-1932

Dr. Charles Joseph Durand was born in Coaticook, Province of Quebec, Canada, December 10, 1886, and died in Sacramento July 6, 1932.

Doctor Durand graduated from the medical department of Laval University, Quebec, with the class of 1911. In 1913 he came to California and in 1914 to Colfax. Since 1917 he had been associated with me as an assistant—for the past fourteen years as chief assistant. During these years of close association his kindly cheery disposition, his devout Christian character, his loyalty to his chief, to his profession and to his patients, and his high personal and professional standards of life endeared him to the members of the staff, to his confrères and to his patients as well as to the people of the community in which he lived.

Doctor Durand entertained a high sense of responsibility respecting civic duties. As an adopted citizen of the United States, when the country entered the Great War he, in spite of physical handicaps, the result of previous tuberculous disease, volunteered for service. The privilege of serving in his country's armed forces was, however, denied him. At all times and in many ways, however, he served his community, having been city health officer and a member of the local school board for many years, as well as an active member of other local civic bodies.

Doctor Durand served his local medical society as president, and at the time of his death had been its associate secretary-treasurer since 1923. He had also served as secretary and later as president of the California Northern District Medical Society. He was a member of the California Academy of Medicine, a Fellow of the American Medical Association, and a Fellow of the American College of Physicians.

Doctor Durand is survived by his widow, Mrs. Anna E. F. Durand, and by one son, Robert Louis Durand.

ROBERT A. PEERS.

**THE WOMAN'S AUXILIARY TO THE  
CALIFORNIA MEDICAL  
ASSOCIATION\***

**Component County Auxiliaries**

*Sacramento County.*—Following her annual custom, Mrs. Robert A. Peers was hostess to the members of the Woman's Auxiliary to the Sacramento Society for Medical Improvement on May 17 at her home in Colfax. A basket luncheon was served at noon in the garden of the home. Mrs. Frederick Scatena presided at the regular business meeting. Doctor Peers welcomed the ladies of the auxiliary, and Mrs. Frederick Faulkner gave a most interesting talk on "Persons and Personages" she had met.

Complimenting Mrs. Andrew Mitchell Henderson, president-elect of the Woman's Auxiliary to the California Medical Association, the Sacramento auxiliary entertained at a bridge luncheon at the Del Paso Country Club in June. Mrs. Frederick Scatena, president of the local auxiliary, presided as toastmistress.

Mrs. Henderson discussed the aims of the medical auxiliary, and stated that welfare projects and social relations are interpreted more effectively through the power of organized women.

Mrs. James Rolph, Jr., Mrs. Thomas Huntington, Mrs. Joseph M. Toner, Mrs. Frank Hinman of San Francisco, Mrs. Herbert True, Mrs. June Harris, Mrs. F. E. Coulter, and members of the state board were special guests.

\* As county auxiliaries to the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Clifford A. Wright, chairman of Publicity and Publications Committee, 454 South Irving Boulevard, Los Angeles. Brief reports of county auxiliary meetings will be welcomed by Mrs. Wright and must be sent to her before publication takes place in this column. For lists of state and county officers, see advertising page 6. The Council of the California Medical Association has instructed the editors to allocate one page in every issue for Woman's Auxiliary notes.

*Malignant Disease of Lungs.*—Kerley states that there are two equally common roentgen manifestations of primary lung cancer. In one a lung or a lobe is involved in a pneumonic process, and in the other the disease appears to be limited to the hilus. Certain roentgen features are common to the two forms, but as a rule they maintain distinctive appearances to the end. The appearances of the lobar or pneumonic form vary with the number of lobes affected. Contraction of the lobe, as evidenced by displacement of the fissure, was first noted by roentgenologists and led to a revision of the pre-roentgenologic idea that neoplasms of the lung increased the thoracic contents. Primary lung cancer by obliteration of bronchi and destruction of lung tissue always diminishes the thoracic contents. On closer study of a roentgenogram of a lobar carcinoma, it will be observed that the opacity is densest near the root and diminishes in intensity toward the periphery. If a very hard picture is taken, one can often distinguish two opacities: the first an extremely dense one attached to and spreading from the hilus, the second a less dense one covering the affected lobe in all directions. These two shadows represent growth near the hilus and collapse in the periphery of the lobe. If the vascular markings of the lung are invisible in the light peripheral opacity and visible in the dense opacity near the root, one can diagnose carcinoma with certainty, for there is no other lobar pneumonic process that produces this dual effect. In all nonmalignant pneumonic processes the lung markings are either completely invisible or faintly visible in every part of the affected area. Diaphragmatic paralysis is an invaluable sign. A less well known disturbance of innervation associated with carcinoma of the lung is compression or invasion of the vagus. Pleural effusion, as a complication of the pneumonic or lobar form of carcinoma, is the bugbear of the radiologist, for it masks nearly everything. If the effusion is small it has no significance, but if, as so often happens in malignant conditions, the effusion is large, one is confronted with great difficulties. The visualization of enlarged bronchial or mediastinal lymph nodes is one of the most valuable diagnostic points and is, moreover, of considerable clinical significance, since it contraindicates surgical intervention. An equally frequent roentgen manifestation of bronchial carcinoma is the so-called hilar form, which is seen as a dense opacity round the root of the lung without collapse or consolidation in the peripheral parts of the affected lobe or lobes. This type of the disease is easier to diagnose than the pneumonic type, because there are few other lung diseases causing similar appearances. A sudden transition from the hilar type to the pneumonic type is not uncommon, and probably if one saw the disease early enough one would find it first as a small hilar opacity later causing lobar or lung collapse. Obstruction of the superior vena cava takes place earlier and more often with a growth of the hilar type than with one of the pneumonic type. It is obviously impossible to describe all the varying appearances that are to be seen in roentgenograms of pulmonary carcinoma. But there is one roentgen feature common to all malignant growths of the lung: there is never normal lung tissue between the shadow of the neoplasm and the shadow of the mediastinum.—*British Medical Journal*.

*Persistence of Immunity to Cysticercus Fasciolaris After Removal of Worms.*—Miller and Massie report that the acquired immunity conferred on the albino rat by an infection with *Cysticercus fasciolaris* was not lost in twenty-four individuals from which the worms were removed. An interval of from thirty-three to sixty days was allowed between removal of the cysticerci and infection. The onchospheres fed at that time resulted in an average of seventy-seven larvae, living and dead, in the control rats, whereas development was completely inhibited in the rats from which the worms of the initial infection had been removed.—*Jour. of Prev. Med.*, and *J. A. M. A.*, Vol. 98, No. 22.